

# ADVANCED COURSE REGISTRATION

Print & Return with registration fee to:  
OSTAR/ SpineTechnology Education Group,  
P.O. Box 420942, San Diego, CA 92142-0942 • (858) 279-9955  
THE SPINE TECHNOLOGY EDUCATION GROUP:  
Innovative Techniques In Spine Surgery, June 18-21, 2008

Please print your name as you wish it to appear on badge – ONE FORM PER PERSON

Name - First MI Last \_\_\_\_\_

Degree \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**Please enclose payment (check appropriate boxes) with form to reserve:**

Physician \$500

Fellow, Resident, P.A., R.N. \$250

Accompanying Spouse \$150

Name of registered Spouse/Guest \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Make checks payable (in U.S. funds) to OSTAR/ Spine Technology Education Group and send to:  
P.O. Box 420942, San Diego, CA 92142-0942 with this coupon. Verification of registration and further  
meeting information will be sent to you upon receipt of check and registration form. NO CREDIT  
CARDS ACCEPTED FOR MEETING REGISTRATION. Refunds less \$50 administrative fee will be  
made only if written cancellation is received prior to May 20, 2008. The sponsors of the meeting  
reserve the right to cancel this activity for any reason whatsoever. In the event of such cancellations,  
the full enrollment fee will be returned to the registrant.

**For further information call (858) 279-9955, email: [pmc@mtgplanner.com](mailto:pmc@mtgplanner.com).**

**Visit our website at: [www.medostar.org/steg](http://www.medostar.org/steg)**

## Office use only

Date Rec. \_\_\_\_\_ Amt.\$ \_\_\_\_\_ Ck.# \_\_\_\_\_ Ack. \_\_\_\_\_

Notes: \_\_\_\_\_